

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-000333

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 19

STATE FILE NUMBER

AMENDED

FILED JAN 15 1962

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in 1b 9 Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1222 No. 2nd St.		d. STREET ADDRESS (If outside, give location) 1222 No. 2nd St.	
3. NAME OF DECEASED (Type or print) First Middle Last FRANKLIN AUGUST FECHT		4. DATE OF DEATH Month Day Year January 7 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/1/34
9. AGE (last birthday) 27		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and state or country) Waterloo Iowa	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME John Fecht	
13b. MOTHER'S MAIDEN NAME Matilda Jenkins		14. NAME OF HUSBAND OR WIFE Mrs. Matilda Fecht	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Mrs. Matilda Fecht		Address Waterloo, Iowa	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Intoxicant shock + hemorrhage in neck + head</i> DUE TO (b) <i>Self-inflicted gunshot wound</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>at once</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Sudden despondency</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>1:00 p.m. Jan 7 62</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		
20e. CITY, TOWN, OR LOCATION <i>Home</i>		20f. COUNTY STATE <i>Buchanan Mo</i>	
21. I attended the deceased from <i>viewed body</i> and last saw him <i>1-7-62</i> Death occurred at <i>1:20 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <i>S. J. Melaney M.D. coronor</i>	
22b. ADDRESS <i>St. Joseph, Mo.</i>		22c. DATE SIGNED <i>1-9-62</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1/9/62</i>	23c. NAME OF CEMETERY OR CREMATORIUM <i>Fairview Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Waterloo Iowa</i>
24. FUNERAL DIRECTOR <i>Stamley Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>Jan. 11, 1962</i>	
ADDRESS <i>St. Joseph, Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Handall</i>	

DOCUMENT

BY AFFIDAVIT OF S. J. Melaney, M.D.

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

JAN 16 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.